



PLUMBER'S AFFIDAVIT OF EXPERIENCE

(Time frame cannot exceed 12 months per affidavit)

Please read this information before completing the affidavit form below:

- There can be no errors, whiteouts, alterations or additions on this form and you must submit the original.
- Time frame cannot exceed 12 months per affidavit.
- Work in the commercial/journeyman category requires supervision in a one to one ratio (one journeyman plumber to one plumber trainee)
- Work in the residential/specialty, domestic pump, and pump and irrigation category requires supervision in a two to one ratio (one certified plumber to two plumber trainees)
- The plumbing contractor, authorized contractor representative, or union representative must complete and sign the following verification and their signature must be notarized. The supervising plumber's name and certificate number are required, but does not require their notarized signature
- See Chapter 18.106 RCW and Chapter 296-400A WAC for penalties for false statements or material misrepresentations..

Washington hours will not be credited if you did not have a current plumber trainee certificate.

I _____ affirm and certify that
PRINT name of Owner, Authorized Contractor Representative, or approved Training Director

_____ has worked in Washington as an employee of
PRINT name of Trainee *Training Certificate or Social Security No.*

_____ *PRINT name of Company or Training Program* *UBI or License Number*

Performing plumbing work **From** Month Day Year **To** Month Day Year

and that the work was performed under direct supervision of a Washington certified journeyman or specialty plumber.

Print Supervising Plumber Name Required

Print Supervising Plumber Certificate Number Required

The experience was gained in the category indicated below for the number of hours shown.

Hours	Category	Hours	Category
_____	(01) Commercial	_____	(03) Pump and Irrigation
_____	(02) Residential	_____	(03A) Domestic Well

I hereby certify that the statements on this affidavit are true and accurate to the best of my knowledge.

Date _____ Signature of Owner, Authorized Contractor Representative, or approved Training Director _____

Signature must be notarized

Notary
Seal

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE	MY COMMISSION EXPIRES ON
NOTARY PUBLIC IN AND FOR THE STATE OF	RESIDING AT

Notary signature _____

I hereby certify that the statements on this affidavit are true and accurate to the best of my knowledge and request that these hours be credited to my plumbing training file.

Date _____ Print Name of Trainee _____ Signature of Trainee/Applicant _____